

**MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE	<b>PATIENT EDUCATION DOCUMENTATION -- PREVENTION AND MANAGEMENT OF LOW BACK PAIN</b>	OTSG APPROVED (Date)
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1. Subjective: The patient presented for instruction on the prevention and management of low back pain.
2. Objective: The patient received instruction on the following:
  - a. Anatomy of the spine.
  - b. Possible causes of low back pain.
  - c. Proper posture.
  - d. Proper body mechanics.
  - e. Proper lifting techniques.
  - f. FITT principle.
  - g. General worksite exercises to reverse typical posture.
3. Assessment: The patient received educational training on the prevention and management of low back pain.
4. Plan: The patient is to apply the principles learned in this class to his or her activities of daily living. The patient is to follow up with his or her primary care manager or other referral source as scheduled or as needed if symptoms persist.
5. Goal: The patient understands the basic principles of posture and body mechanics and how to apply these principles to his or her activities of daily living.  
☐ Achieved  
☐ Not achieved

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC Physical Therapy Clinic, Kimbrough Ambulatory Care Center Fort George G. Meade, MD 20755-5800	DATE								
PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)	<table border="0"><tr><td><input type="checkbox"/> HISTORY/PHYSICAL</td><td><input type="checkbox"/> FLOW CHART</td></tr><tr><td><input type="checkbox"/> OTHER EXAMINATION OR EVALUATION</td><td><input checked="" type="checkbox"/> OTHER (Specify) Educational class</td></tr><tr><td><input type="checkbox"/> DIAGNOSTIC STUDIES</td><td></td></tr><tr><td><input type="checkbox"/> TREATMENT</td><td></td></tr></table>		<input type="checkbox"/> HISTORY/PHYSICAL	<input type="checkbox"/> FLOW CHART	<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION	<input checked="" type="checkbox"/> OTHER (Specify) Educational class	<input type="checkbox"/> DIAGNOSTIC STUDIES		<input type="checkbox"/> TREATMENT	
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